

Orthodontic Procedures Criteria

Iowa Medicaid Program:	Prior Authorization	Effective Date:	8/1/2009
Revision Number:	1	Last Review Date:	5/13/2016
Reviewed By:	Orthodontic Review Consultant	Next Review Date:	4/2017
Approved By:	Medicaid Medical Director	Approved Date:	5/31/2016

Criteria:

Iowa Medicaid may approve orthodontic procedures to treat the most handicapping malocclusions in a manner consistent with "Handicapping Malocclusion Assessment to Establish Treatment Priority", by J.A. Salzmann D.D.S., American Journal of Orthodontics, October 1968.

Requests for approval must be submitted with:

1. An interpreted cephalometric radiograph.
2. Study models trimmed so that the models simulate centric occlusion of the patient.
3. A panoramic or full mouth survey.
4. A written plan of treatment must accompany the diagnostic aids.

Orthodontic services will be approved for only the most severe handicapping malocclusions, in accordance with the Salzmann criteria. Effective September 1, 2011 a score of 26 or higher will be needed for approval of comprehensive orthodontic treatment. Phase I treatment and/or minor treatment with orthodontic appliances will be approved if the patient demonstrates crossbite, severe crowding, impacted teeth, and/or other circumstances that would otherwise cause significant dental problems if left untreated. Post-treatment records must be furnished upon request of medical services.

References Used:

Development of utilization management criteria may also involve research into other state Medicaid programs, other payer policies, consultation with experts and review by the Medicaid Clinical Advisory Committee (CAC). These sources may not be referenced individually unless they are specifically published and are otherwise applicable to the criteria at issue.

Change History:

Change Date:	Changed By:	Description of Change:	New Version Number:
4/17/15	Medical Director	Added paragraph in References Used	1



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